

|                             |                         |              |                        |                                 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/198,698 | FILING DATE<br>11/24/98 | CLASS<br>356 | GROUP ART UNIT<br>2877 | ATTORNEY DOCKET NO.<br>MIT8003L |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

GUY W. CARLISLE, BEDFORD, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

P.U.C. none

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

P.U.C. none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

P.U.C. none

## \*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|   |   |                        |                     |                   |                         |
|---|---|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>9 | INDEPENDENT CLAIMS<br>3 |
|---|---|------------------------|---------------------|-------------------|-------------------------|

ADDRESS

SAMUELS GAUTHIER & STEVENS  
225 FRANKLIN STREET STE 3300  
BOSTON MA 02110

TITLE

IMAGING SYSTEM WITH A TWO-AXIS-GIMBAL MIRROR SCAN SYSTEM APPARATUS  
AND METHOD

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$380 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|---|